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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S69409

(8)

1. Corporation Name

COVERSPORT UNLIMITED INC



Principal Place of Business

7525 N.W. 37TH AVE.  
MIAMI FL 33147

Mailing Address

7525 N.W. 37TH AVE.  
MIAMI FL 33147

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

ESCUERO, ALVARO  
7525 NW 37TH AVE  
BLDG A  
MIAMI FL 33147

81

Name

CLAUDIA P. MORENO

82

Street Address (P.O. Box Numbers Not Acceptable)

905 SOUTH BAYSHORE DRIVE #422

83

84

City

MIAMI

FL

85

Zip Code

33131

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602, Florida Statutes.

SIGNATURE

*Claudia P. Moreno*

CLAUDIA P. MORENO

3/11/96

Date

12.

OFFICERS AND DIRECTORS

12.1

DP

☒ DELETE

NAME

COLON, LUIS A  
14251 SW 106TH TERR  
MIAMI FL

STREET ADDRESS

CITY, ST, ZIP

12.2

V

☐ DELETE

NAME

ESCUERO, ALVARO  
7403 SW 152ND AVE APT 202  
MIAMI FL

STREET ADDRESS

CITY, ST, ZIP

12.3

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.8

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.9

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

DP

CLAUDIA P. MORENO

☒ Change

☐ Addition

13.2

NAME

905 SOUTH BAYSHORE DR. SUITE 422  
MIAMI, FLORIDA 33131

13.3

STREET ADDRESS

13.4

CITY, ST, ZIP

13.5

NAME

S  
GUILLERMO CORTES

13.6

STREET ADDRESS

3629 S.W. 12TH STREET

13.7

CITY, ST, ZIP

MIAMI, FLORIDA 33135

13.8

NAME

13.9

STREET ADDRESS

13.10

CITY, ST, ZIP

13.11

NAME

13.12

STREET ADDRESS

13.13

CITY, ST, ZIP

13.14

NAME

13.15

STREET ADDRESS

13.16

CITY, ST, ZIP

13.17

NAME

13.18

STREET ADDRESS

13.19

CITY, ST, ZIP

13.20

NAME

13.21

STREET ADDRESS

13.22

CITY, ST, ZIP

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NAME

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STREET ADDRESS

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CITY, ST, ZIP

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NAME

13.27

STREET ADDRESS

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CITY, ST, ZIP

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NAME

13.30

STREET ADDRESS

13.31

CITY, ST, ZIP

13.32

NAME

13.33

STREET ADDRESS

13.34

CITY, ST, ZIP

13.35

NAME

13.36

STREET ADDRESS

13.37

CITY, ST, ZIP

SIGNATURE:

*Claudia P. Moreno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIA P. MORENO

3-11-96

696 6772

CR2E034 (12/95)